



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
<b>Botti</b>	<b>Richard</b>	<b>C.</b>	<b>808-533-6750</b>
MAILING ADDRESS (Street)			FAX
<b>P.O. Box 1778</b>			<b>599-2606</b>
(City)	(State)	(Zip Code)	
<b>Kailua,</b>	<b>Hawaii</b>	<b>96734</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
<b>HAWAII MEDICAL ASSOCIATION</b>		
TELEPHONE <b>536-7702</b>		
MAILING ADDRESS (Street)		
<b>1360 N. Beretania St., Suite 201</b>		
FAX <b>528-2376</b>		
(City)	(State)	(Zip Code)
<b>Honolulu,</b>	<b>Hawaii</b>	<b>96814</b>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE <b>536-7702</b>
<b>Paula Arcena</b>		
MAILING ADDRESS (Street)		FAX <b>528-2376</b>
<b>1360 N. Beretania St., Suite 201</b>		
(City)	(State)	(Zip Code)
<b>Honolulu,</b>	<b>Hawaii</b>	<b>96814</b>

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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-2-2003  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<b>Paula Arcena</b>	<b>Executive Director</b>

NAME OF ORGANIZATION (if applicable)

**Hawaii Medical Association (HMA)**

TELEPHONE

**536-7702**

MAILING ADDRESS (Street)

**1360 N. Beretania St., Suite 201**

FAX

**528-2376**

(City)

**Honolulu,**

(State)

**Hawaii**

(Zip Code)

**96814**

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-2-03

(Date)